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The 'Dangerous' Women of Animal Welfare: How British Veterinary Medicine Went to the Dogs

Andrew Gardiner*

Summary. This paper examines the turn toward the small companion animal that occurred in British veterinary medicine in the twentieth century. The change in species emphasis is usually attributed to post-war socioeconomic factors, however this explanation ignores the extensive small animal treatment that was occurring outwith the veterinary profession in the interwar period. The success of this unqualified practice caused the veterinary profession to rethink attitudes to small animals (dogs initially, later cats) upon the decline of horse practice. This paper argues that a shift toward seeing the small animal as a legitimate veterinary patient was necessary before the specialty could become mainstream in the post-war years, and that this occurred between the wars as a result of the activities of British animal welfare charities, especially the People's Dispensary for Sick Animals of the Poor.

Keywords: veterinary history; animal welfare; charity; dogs; PDSA

You will perhaps fathom what I mean when I say Mrs Wilberforce can be a dangerous woman.

J. W. Proctor MRCVS to the Secretary of the Royal College of Veterinary Surgeons, 26 February 1931¹

The lady [Maria Dickin] is dangerous and energetic; the RSPCA is timid and apathetic.

Warwick Fowle MRCVS to the Secretary of the Royal College of Veterinary Surgeons, 23 May 1931²

Introduction

In the second half of the twentieth century, a significant shift in emphasis occurred in British veterinary medicine. Before 1950, most veterinarians worked in mixed general practice where they treated a variety of domestic animals, and veterinary training placed a special

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¹J. W. Proctor to F. Bullock, 26 February 1931, PDSA papers, Royal College of Veterinary Surgeons Knowledge, London (henceforth RCVS/PDSA papers).

²W. Fowle to F. Bullock, 23 May 1931, RCVS/PDSA papers.

emphasis on the diseases of the horse. By the 1990s, the treatment of companion animals (dogs, cats, small mammals and birds) occupied the majority of professional time.³

Explanations for this change usually focus on post-war socioeconomic factors such as increasing wealth, human social isolation caused by the breakdown of the traditional extended family, and a desire to 'reconnect with nature' as agriculture intensified and led to more people living in urban areas.⁴ All of these can be said to have influenced people's wish to keep and care for companion animals, and to pay for an ever-increasing repertoire of veterinary medical interventions. Such an explanation is also how the veterinary profession itself understands the rise of small animal practice. The British Small Animal Veterinary Association (BSAVA), now the largest veterinary association in Britain, was founded in 1957.⁵

In examining the small animal turn in British veterinary practice, this paper inverts the accepted socioeconomic explanation. Instead of arising out of post-war economic recovery and increasing wealth, I will show that the key changes which led to veterinary medicine's re-orientation occurred during the period of interwar poverty, driven by forces external to the profession. In the clinics of lay animal welfare charities, especially those of the People's Dispensary for Sick Animals of the Poor (PDSA), vast numbers of animals were treated in a care system operating outwith veterinary professional jurisdiction. The success of such work and its acceptance and support across all strata of British society, in the face of great hostility from the veterinary profession, led to a reframing of small companion animals (initially dogs, later cats) as legitimate veterinary patients. This was key to the profession eventually turning towards this patient group following the decline of horse transport.

It is important to note that this was not the direction that had been intended for British veterinarians. The expectation, as detailed in two influential government reports of 1938 and 1944 on the future of British veterinary education, was that in a world where horses were vanishing, veterinarians would become 'physicians of the farm' and find their main professional role and purpose in the territory where animal and public health overlapped. Government funding for all Britain's veterinary schools was made on this basis. This was also the impetus behind the second Veterinary Surgeons Act of 1948.⁶

The birth of the small animal clinic instead transformed veterinary general practice. Amongst other things, it allowed for the development of the multiple clinical specialties characteristic of small animal medicine and surgery today, which resemble human medical specialties. At the beginning of the twentieth century, the term 'dog doctor' was

³It is currently estimated that 80% of veterinary time is directed towards the treatment of small companion animals in Britain (RCVS Knowledge).

⁴For example, see B. M. Levinson, 'Pets and environment', in Ronald S. Anderson, ed., *Pet Animals & Society* (London: Baillière Tindall, 1973), 9–10; Joanna Swabe, *Animals, Disease and Human Society. Human—Animal Relations and the Rise of Veterinary Medicine* (London: Routledge, 1999). A similar argument is made for the USA. See: Katherine C. Grier, *Pets in*

America. A History (Chapel Hill, NC: University of North Carolina Press, 2006), 314–20.

⁵Anon., *British Small Animal Veterinary Association: Supporting, Representing and Leading the Profession for Fifty Years* (Gloucester: BSAVA Publications, 2007).

⁶Ministry of Agriculture and Fisheries and Department of Agriculture for Scotland, *Report [and Second Report] of the Committee on Veterinary Education in Great Britain (Loveday Committee)* (London: Her Majesty's Stationery Office, 1938, 1944); *Veterinary Surgeons Act, 1948* (London: HMSO, 1948), 11 & 12 Geo. 6. ch. 52.

considered a professional insult; by the end, this branch of veterinary medicine was the prestigious norm.

Companion animal practice and its development have received relatively little attention in the emerging veterinary historiography. Most of the key works in recent years have focused on diseases, veterinary public health and the livestock economy.⁷ Jones' discussion on companion animals in her book on the development of the American profession is closest in content and approach to this paper, and comparison of the American and British contexts will be important in future work in this area.⁸ However, here I am as much concerned with practice outside the profession as within it, and how this shaped the British veterinary profession's response to the treatment of pets. The same author's earlier paper on feline urological syndrome explores veterinary nosology in the creation of a new treatable entity which binds owner, animal and veterinarian into a tight therapeutic relationship.⁹ This paper is concerned with an earlier stage in the development of such a therapeutic relationship, before it became the exclusive province of the veterinarian. Recent publications on rabies and distemper in dogs have also made significant contributions to the history of companion animal disease but these works are not intended to be histories of practice.¹⁰

There exists a sizeable literature on anti-vivisectionism and animal rights, but the emergence of charity animal clinics and the consequences that followed have been ignored in histories of animal welfare movements.¹¹ A rather simplistic narrative line is given in the historical introduction to the second edition of the *Animal Ethics Reader*:

After World War I the animal welfare movement seemed to lose its mass appeal in both the US and Britain. There were undoubtedly several reasons for this decline. It may be that incorporating meat into the diet during periods of disease and war was thought to be important for human health. Ryder comments that wars tend to revive the view that worrying about suffering is cowardly; compassion is dismissed as weakness and effeminacy. In any case, those who called for bans on the exploitation of animals tended to be

⁷Karen Brown and Daniel Gilfoyle, eds, *Healing the Herds. Disease, Livestock Economies and the Globalization of Veterinary Medicine* (Ohio: Ohio University Press/Swallow Press, 2010); Abigail Woods, 'The farm as clinic: veterinary expertise and the transformation of dairy farming, 1930–1950', *Studies in History and Philosophy of Biological and Biomedical Sciences*, 2007, 38, 462–87; Keir Waddington, '"To stamp out so terrible a malady": bovine tuberculosis and tuberculin testing in Britain', *Medical History*, 2004, 48, 29–48; Abigail Woods, *A Manufactured Plague. The History of Foot and Mouth Disease in Britain* (London: Earthscan, 2004); Anne Hardy, 'Professional advantage and public health: British veterinarians and state veterinary services, 1865–1939', *Twentieth Century British History*, 2003, 14, 1–23.

⁸Susan D. Jones, *Valuing Animals. Veterinarians and their Patients in Modern America* (Baltimore: Johns Hopkins University Press, 2003), 115–40.

⁹Susan D. Jones, 'Framing animal disease: Housecats with feline urological syndrome, their owners, and their doctors', *Journal of the History of Medicine and Allied Sciences*, 1997, 52, 202–35. See also Andrew

Gardiner, 'The Canine History of Diabetes Mellitus' (unpublished MSc thesis, University of Manchester, 2005).

¹⁰Michael Worboys and Michael Bresalier, 'Saving the lives of our dogs—the development of canine distemper vaccine in interwar Britain', *British Journal for the History of Science*, 2013, doi: 10.1017/S0007087413000344; Andrew Gardiner, 'The loathsome complaint: the early history of canine distemper', *Veterinary History*, 2008, 14, 96–115; Neil Pemberton and Michael Worboys, *Mad Dogs and Englishmen. Rabies in Britain, 1830–2000* (Basingstoke: Palgrave Macmillan, 2007).

¹¹For historical studies on anti-vivisectionism and animal rights, see Hilda Keane, *Animal Rights. Political and Social Change in Britain since 1800* (London: Reaktion Books, 1998); Nicolaas A. Rupke, *Vivisection in Historical Perspective* (London: Routledge, 1990); Richard D. French, *Antivivisectionism and Medical Science in Victorian Society* (Princeton, NJ: Princeton University Press, 1975); E. M. Tansey, 'Protection against dog distemper and Dogs Protection Bills: the Medical Research Council and anti-vivisectionist protest, 1911–1933', *Medical History*, 1994, 38, 1–26.

regarded as cranks or extremists. Animal welfare organizations in Britain and America declined into charities for lost or abandoned dogs and cats ...¹²

My argument in this paper is that the period between the wars is more interesting than this. It represents an important gap in the history of British animal welfare and veterinary practice. The gap exists between what might be called 'long nineteenth century' animal protectionism, mediated mainly by the Royal Society for the Prevention of Cruelty to Animals (RSPCA), and late twentieth-century animal rights: the ideas that emerged from the 'Oxford group' of philosophers following the publication of first *Animals, Men and Morals* in 1971 and then Peter Singer's canonical *Animal Liberation* in 1975.¹³ Filling in the gap links these movements to the modernisation of the British veterinary profession and its turn towards the small companion animal. Between the periods of protection and rights was one of practical animal welfare, but this amounted to more than opening homes for strays.

This is not a paper about women veterinary surgeons; the 'danger' I refer to did not come from within the veterinary profession. The entry of women into the veterinary profession is a separate area of study, and a neglected one. Claims that feminisation of the profession *caused* companion animal practice, or that women were attracted *because of* the sentimental basis of companion animal medicine, are not evidence-based. The arguments in this paper also problematise the chronology of such explanations. The British Small Animal Veterinary Association was formed in 1957 by a group of ambitious men who saw the small animal (dog first, then cat) as a suitable recipient for a new type of scientifically driven veterinary medicine, where cost was not always a limiting factor in deciding upon treatment, as it was with livestock. The new branch of veterinary medicine was a promising business opportunity. In addition, early women practitioners do not seem to have been particularly focused on small animals. The first British woman veterinary surgeon identified herself as a farm and horse practitioner, and adverts placed by women looking for work indicated they sought opportunities where they could treat all species. If they eventually found themselves working with companion animals, it was for reasons still to be fully elucidated. The gendered nature of veterinary practice in relation to patient species is not straightforward.¹⁴

The discussion of gender in this paper relates to one individual (though there were many others like her) and to the interplay between gender, class and professional expertise which was played out within British veterinary medicine in the interwar years. The Victorian predecessors of my 'dangerous' women of animal welfare had their roots in animal protection and the anti-vivisection, anti-vaccination and sanitarian movements. After the First World

¹²Susan J. Armstrong and Richard G. Botzler, eds, *The Animal Ethics Reader*, 2nd edn (Oxford: Routledge, 2003), 7–8.

¹³For a history of the RSPCA, see E. G. Fairholme and W. Pain, *A Century of Work for Animals. The History of the RSPCA, 1824–1924* (London: John Murray, 1924). Peter Singer, *Animal Liberation: A New Ethics for Our Treatment of Animals* (New York: New York Review/Random House, 1975); Stanley Godlovitch, Roslind Godlovitch and John Harris, eds, *Animals,*

Men and Morals. An Inquiry into the Maltreatment of Non-humans (New York: Grove Press, 1971).

¹⁴For the first woman vet see, Connie M. Ford, *Aleen Cust, Veterinary Surgeon. Britain's First Woman Vet* (Bristol: Biopress, 1990); for women in British practice, see Andrew Gardiner, 'Welsh-speaking farmer's son preferred—women in practice', in 'Small Animal Practice in British Veterinary Medicine, 1920–1956' (unpublished PhD thesis, University of Manchester, 2010, Th35043), 122–7; Julie Hipperson, personal communication, September 2013.

War, it seems that these concerns morphed into activities less rhetorical and more preoccupied with practical, hands-on care in the form of providing medical treatment.

The Problem of the Poor Animal

It is mainly because there are so many cranks on these [animal welfare] committees that our relations have not always been of the best. All of us who have had experience in dog practice, know that there are ladies (generally childless) who have to turn their attention to something, and nearly always they turn to dogs.¹⁵

G. H. Livesey to the Central Veterinary Society, London, 3 June 1926

The mood at the Central Veterinary Society's meeting in London, on the evening of 3 June 1926, was evidently one of frustration. 'The Central' was the Surrey and Metropolitan division of the National Veterinary Medical Association (NVMA), an organisation formed in 1919 with the aim of representing the interests of Britain's veterinary surgeons, most of whom worked individually or in small practices scattered up and down the country.¹⁶ The Central was the oldest and largest NVMA division. Its members, especially, were confronted with a problem: what to do about the animals of the poor.

It was a problem that was both old and new: old in the sense that veterinary surgeons, like medical practitioners, resided and worked in communities and made their livings from the sick and injured upon whom they were called to attend. Variability in fees and charging was commonplace in both professions, with the individual practitioner deciding who was in need of medical charity and then dispensing it as they saw fit in terms of reduced or waived fees.¹⁷

For urban veterinarians in the 1920s, what was new was an emerging aspect of animal welfarism: charity animal clinics designed to treat large numbers of animals, and staffed by unqualified practitioners, that is individuals who were not members of the Royal College of Veterinary Surgeons (RCVS). Veterinary professional territory was being encroached upon. At first, when the clinic numbers were small and the clinics themselves inconspicuous, the veterinary profession ignored them. These places were not poaching clients who would have been able to pay for professional services. Indeed, the clinics actually removed some of the burden of charity from veterinary surgeons, most of whom were working hard to run small businesses.

It was only when it became apparent that the new clinics represented something significant, something that signalled a changed orientation towards the animal patient, and

¹⁵Anon., 'The veterinary profession and poor people's clinics', *Veterinary Record*, 1926, 6, 527.

¹⁶The NVMA's predecessor, the National Veterinary Association, was founded in 1882 after the British National Veterinary Congress in London, 1881. The NVMA became the British Veterinary Association (BVA) in 1952. See Iain Pattison, *The British Veterinary Profession 1791–1948* (London: J. A. Allen, 1984), 87–96; Edward Boden, *Punching Above Their Weight: the British Veterinary Association, 1882–2010* (Winchester: Winchester University Press, 2013).

¹⁷For evidence of this in veterinary practice, see Gardiner, 'Small Animal Practice in British Veterinary Medicine 1920–1956', 139–42. In medicine, see Anne Digby, *The Evolution of British General Practice, 1850–1948* (Oxford: Oxford University Press, 1999), 94, 242, 294, 105–6; also Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720–1911* (Cambridge: Cambridge University Press, 1994), 157–8, 257.

when the number of clinics increased dramatically, that the profession sat up and took notice. A new territory of animal care was opening up. By the time the veterinary profession realised that things were moving beyond its control, it was almost too late.

The most problematic organisation by far was the People's Dispensary for Sick Animals of the Poor. The name does have a revolutionary ring to it. For the veterinary profession, the threat was personified in the Dispensary's founder, Maria Dickin. Dickin had no background in medicine or animal care. As a young woman, she had run a voice production studio in Wimpole Street, London, before marrying a successful accountant and moving to Hampstead. She undertook social work in the East End where she was appalled by the poverty and human and animal suffering she witnessed there. She was in her forties when she founded the PDSA in November 1917, initially operating out of a Whitechapel cellar owned by a clergyman friend who was 'doing a good work destroying stray cats'. She put out a sign that read: 'Bring your sick animals! Do not let them suffer! All animals treated. All treatment free.'¹⁸ Critics who maintained that the poor would not bring their animals, either because they did not care or because they were too busy trying to take care of themselves, were proved wrong. People came in large numbers and queued for hours at Dickin's free clinic.

From these inauspicious beginnings, Dickin developed what would amount to an alternative veterinary profession. Under her leadership, the Dispensary became an expansive, international and somewhat confrontational organisation and a major problem for the British veterinary profession as it struggled to come to terms with the decline of horse transport and altered professional role and purpose.

By 1926–27, the PDSA was operating 57 clinics and three travelling caravans, and had treated almost 410,000 patients in a year at a cost of £43,085 at its various premises in Britain.¹⁹ The organisation was continuing to expand rapidly, had opened facilities in Paris and Tangier and was also active in Romania, Greece and Egypt. A photograph of the hospital building in Paris depicted large, modern premises resembling a human hospital. It had been built following a bequest from a wealthy American animal lover who lived in Paris.²⁰ Furthermore, in 1926 the organisation had received a legacy of £50,000 from the estate of a wealthy British animal lover, Sarah Martha Grove Hardy.²¹ Sensing danger, the RCVS had tried to gain some control over the legacy, claiming that the funds constituted a public trust and that the profession should therefore oversee any projects directly connected with animal care. The move was unsuccessful and relations between Dickin and the veterinary profession plummeted.²²

Dickin was not at the Central Veterinary Society meeting in June 1926. She had been invited, albeit in a circuitous way. A message informing her of the meeting was sent via a woman who was a helper at one of her London clinics. This was necessary because

¹⁸M. E. Dickin, *The Cry of the Animal, An Account of the Foundation and International Work of the People's Dispensary for Sick Animals* (London: PDSA, 1950).

¹⁹PDSA Archive/Elaine Pendlebury.

²⁰M. E. Dickin, *The Cry of the Animal*, 12.

²¹Relatives later contested parts of Grove Hardy's extensive will, with its rigid anti-vivisectionist and anti-blood sports stipulations. Part of a settlement giving more

money to relatives led, in 1932, to the building of the Beaumont Hospital at the Royal Veterinary College in Camden Town, London, which treated animals belonging to poor people. Copy of will in RCVS/PDSA papers.

²²Dickin referred to the RCVS's attempts to sequester funds in her 1931 pamphlet, *The PDSA, the RCVS and the RSPCA. To the Supporters of the PDSA* (PDSA Archive).

of the intensity of feelings towards Dickin by 1926: the vets could not bear to speak to her directly. Within veterinary circles, she was described in various unflattering ways: an abscess in need of lancing, a thorn in the side of the veterinary profession, or simply *that woman*.

Dickin later sent a letter to the *Veterinary Record*, the house journal of the NVMA. She made the point in her usual direct way: 'I may perhaps be permitted to say that to claim that knowledge of and capacity to treat ailments of animals are possessed by veterinary surgeons alone is as ridiculous as to suggest that none but an admitted solicitor or barrister has any knowledge of the law'.²³

She had hit on the nub of the matter. There was nothing to stop any individual undertaking the treatment of animals. The Veterinary Surgeons Act of 1881 made it illegal falsely to claim the title of 'veterinary surgeon'; it did not make it illegal to carry out animal treatment. This loophole allowed for a diverse veterinary medical marketplace, with many individuals providing treatment across all animal species. Some of these unqualified practitioners functioned very effectively in terms of clinical results, client satisfaction and business success. Dickin's own first employee had been called upon to treat Royal animals.

Speaking at the Central's meeting, Captain R. Cornish-Bowden MRCVS defended an unqualified practitioner he had seen working at the London headquarters of the PDSA in Commercial Street. On the day of his visit, there were more than 100 people and animals waiting to be seen. Cornish-Bowden's impression was favourable: 'The gentleman I saw alleviating the suffering of these animals was a "quack", but he had a better means of studying the sickness of animals than was ever accorded to me at the Royal Veterinary College (RVC). He had 30 years' experience attending small animals; the work he was doing was excellent; he handled his animals with a great deal more care and skill than many veterinary surgeons I have seen'.²⁴

The exposure to so much injury and disease was in itself educational. For a receptive individual, it could transcend any formal veterinary qualification. Such awareness coincided with concerns that veterinary training was becoming too theoretical and that newly qualified veterinary surgeons lacked practical animal handling, communication and observational skills.²⁵

Interestingly, oral testimony suggests that it need not have been this way. Dickin initially approached the veterinary profession with her idea for a network of national small animal clinics. She reportedly turned up, not at the RCVS, the licensing and regulatory body, but at the RVC, the teaching institution. It would have been an easy mistake to make. The story was that she was given short shrift and dismissed as another sentimental 'animal nut'. She did go on to employ two veterinary surgeons, but then dismissed them and decided to train her own staff with the help of a sympathetic Harley Street doctor. By 1928, she was effectively running her own private veterinary school.²⁶

²³M. E. Dickin, 'Poor people's clinics', *Veterinary Record*, 1926, 6, 583.

²⁴Anon., 'The veterinary profession and poor people's clinics', *Veterinary Record*, 1926, 6, 530–31.

²⁵These concerns continued for a number of years and were also raised in discussions concerning women entering the profession. See Anon., 'Women and the

veterinary profession', *Veterinary Record*, 1934, 14, 362.

²⁶The story of Dickin's initial approach to the veterinary profession which set the tone for future encounters circulated within the Central Veterinary Society and beyond in the 1950s. Bruce V. Jones MRCVS, personal correspondence, 12 May 2009.



Fig. 1 Maria Dickin, founder of the PDSA (copyright PDSA, reproduced with permission)

The Ilford Sanatorium

The Grove Hardy bequest allowed Dickin to fulfil her ambition to build a teaching hospital in Britain along the lines of that constructed by the PDSA in Paris. She used the money to secure a 30-acre estate in Ilford, Essex, and opened a Sanatorium. This was soon developed into a comprehensive treatment, training and headquarters complex with numerous wards, stables and kennels, X-ray and UV light treatment facilities and a spacious operating theatre. Educational facilities included lecture rooms and a library. In an article entitled 'A day's work at the PDSA Sanatorium', which was printed in the Dispensary's house magazine, *The Animals' Advocate*, in September 1928, the daily routine was described.²⁷ It was one

²⁷The article also appeared in the *Veterinary Journal*. See, A PDSA Official, 'A day's work at the PDSA Sanatorium,' *Veterinary Journal*, 84, November 1928, 577.



Fig. 2 Trainee technical officers at the PDSA Sanatorium. This type of ‘hospital medicine’ was not seen within British veterinary practice at this time (copyright PDSA, reproduced with permission)

modelled on an efficient human teaching hospital, with ward rounds, admission of emergency cases delivered by ambulances, and the scheduling and performance of surgical operations. An all-day out-patient clinic dealt with those animals not requiring admission.

The Sanatorium was staffed by senior technical officers; only one veterinary surgeon was involved. The veterinary surgeon may have been A. A. Wilson, who was listed as ‘Honorary Consulting Veterinary Surgeon’ on appeal forms in 1925. The RCVS considered prosecuting him for ‘quack covering’, but did not proceed in order to avoid embarrassing the Prince of Wales, who was Patron of the PDSA. It is possible Wilson did not perform clinical work, but was retained so that Dickin could say she had veterinary input.²⁸

The Sanatorium fulfilled an important teaching role and junior technical assistants from outlying dispensaries attended for classes. Training took three to five years in total and involved theoretical spells at the Sanatorium in between practical work in the dispensaries in the regions. This block-release format probably provided more ‘hands-on’ training than any of Britain’s veterinary colleges, with extensive clinical exposure from the outset.

The opening of the Ilford Sanatorium marked a turning point in the attitude of the veterinary profession towards the welfare work being carried out by Dickin in her Dispensaries. The Sanatorium fulfilled most of the criteria of a general teaching hospital for animals and was unlike anything available in veterinary practices of the time. Whilst some practices

²⁸G. Dunlop Martin to F. Bullock, 24 September 1925, and F. Bullock to Earl of Shaftesbury, 5 October 1925, RCVS/PDSA papers.

operated 'canine infirmaries', in effect this often meant a few kennels for hospitalisation, if needed, coupled with a general willingness to see dog and cat patients if they were presented.²⁹ The institutional and hospital nature of the Sanatorium could only be compared to the veterinary colleges and to the Brown Animal Sanatory Institute in London, but it exceeded even these facilities in scope and outlook, and in patient throughput.³⁰ Dickin's Sanatorium was also wholly geared to the welfare of animals. The Brown also undertook some animal experimentation, a fact that was probably known to some of the people taking their pets there for treatment. The PDSA did not present confusing messages about the status of animals: it was there for the sole purpose of giving free treatment to patients in need. It was therefore more in keeping with the humanistic intent of the voluntary hospital.

Especially worrying to the veterinary profession was Dickin's national, and indeed international, ambitions. Even before the Ilford Sanatorium had opened its doors in 1928, practitioners in Glasgow had been complaining about the charity's activities in that city, and in 1927 a meeting of the Royal (Dick) Veterinary College's Education Committee took place to discuss the possible 'invasion' of the PDSA into Edinburgh. The threat was discussed by clinical staff, the College Board and local veterinary surgeons on 21 December.³¹

In 1930, the main valuer and selling agent for veterinary practices, Charles H. Huish, wrote to Henry Gray, the small animal specialist in Earls Court:

I wonder if you are afflicted with one of those dreadful 'People's Animal Dispensaries' in your neighbourhood which are conducted by White-Smocked unqualified men in dozens of towns in the Southern Counties with disastrous results to many veterinary surgeons; and within the present month I know for a fact that the receipts of two of my clients in Kent are down close to £400 for the year.

Before these establishments [the Dispensaries] were open both of them took £1 a day cash for treatment of dogs and cats and now they don't take a pound a week. In one of the towns (Sittingbourne) there are boxes in every shop and public house and of course the proprietors get free attention for their animals from having the collecting boxes on their counters. Vans with White-Smocked men in charge also daily scour the surrounding villages for patients.³²

In the same year, in the midst of the Great Depression, the Dispensary's motto was: '*We help—the poor man. We care—for the animal if it has been mistreated. We teach—as we work.*'³³

As her organisation surged from strength to strength, Dickin grew more belligerent. In 1931, she blasted the veterinary profession and the RSPCA in a pamphlet:

²⁹A good example is the 'canine infirmary' operated by T. A. Coe, Bury St Edmunds. See Gardiner, 'Small Animal Practice in British Veterinary Medicine', ch. 3. Practice archive material is located at Suffolk Records Collection (SRC), HC554.

³⁰R. J. M. Franklin, 'The Brown Animal Sanatory Institution—Historical Lessons for the Present?' *Veterinary Journal*, 2000, 159, 231–7.

³¹J. D. Pottie, 'Free animal clinics and their menace to veterinary science', *Veterinary Record*, 1926, 6, 601; Edinburgh University Centre for Research Collections, RDV 5 (Management/Education Committee Papers, 21 December 1927).

³²Charles H. Huish to Henry Gray, 23 November 1930, RCVS/PDSA papers.

³³PDSA Archive/Elaine Pendlebury.



Fig. 3 Part of the fleet of PDSA ambulances that scoured the countryside for patients, according the practice sales agent, Charles Huish (copyright PDSA, reproduced with permission)

If you are so concerned about the proper treatment of Sick Animals of the Poor, open your own dispensaries; open them everywhere for there are vast factory, mining, manufacturing and dockland areas where nothing at all exists to help the Sick Animal. ... Live among it as we do. ... Do the same work we are doing. Instead of spending your energy and time in hindering us, spend it in dealing with this mass of misery.³⁴

Unwelcome proof of just how successful she had become was made clear in the run up to Christmas. Dickin's seasonal publicity coup involved the creation of a 10-ton Christmas pudding, the largest in the world, in the Albert Hall, London. The ingredients used had all come from the British Empire and it became known as the Prince of Wales' Empire Christmas Pudding. The pudding was part of the PDSA's annual Christmas Bazaar, which was attended by many public and titled figures. They arrived to take a turn in 'stirring the pudding', whilst fanfares and patriotic music was played. Dickin was quoted as saying that the idea had come to her when working in poor industrial areas. Once finished, the pudding was to be divided up and sent to 22,000 poor families. It was reported in the *Glasgow Herald* that the Prince of Wales immediately gave his support and, being Patron, was to receive a small piece of the pudding himself for his Christmas dinner. Other national newspapers carried the story and also the good news that the PDSA had treated nearly one million animals that year.³⁵

A copy of this story found its way to the RCVS with a short note added: 'Attached from *The Times* today. Cases treated, say, 3000 a day throughout the year. As we appear to

³⁴M. E. Dickin, *The PDSA, the RCVS and the RSPCA. To the Supporters of the PDSA* (London: PDSA, 1931), 10.

³⁵Anon., 'World's biggest pudding', *Glasgow Herald*, 25 November 1931, 10, col. f; for what the pudding

symbolised, see also K. O'Connor, 'The King's Christmas Pudding: globalisation, recipes and commodities of Empire', *Journal of Global History*, 2009, 4, 127–55.

be “stuck” cannot a question be asked in the House?³⁶ The word ‘stuck’ would have carried more than one meaning for its veterinary audience and the metaphor of the profession having its throat cut by the PDSA was one that would recur.

In 1932, the PDSA’s values became enshrined in a chant-like acronym:

Pity draws us like a magnet to suffering that is crying
Duty compels us to right the wrongs of the oppressed
Service implies responsibility to our lesser brethren
Action—prompt and ready is our motto³⁷

Class, Charity and the Profession

The situation with respect to poor animals and their treatment did not occur in isolation. It was set against a broader question about the future role and purpose of the British veterinary profession. By the 1930s, the profession’s totemic animal was becoming a rare sight on the streets. The horse represented veterinary medicine; professional education was founded on it, the horse being the type species in all veterinary teaching and the most prestigious domesticated animal.³⁸ As a species, horses cut across all strata of society. The equine class structure mirrored the human one: from blue-blooded thoroughbreds, through fashionable ‘middle class’ hacks and courageous war horses, to lowly commercial and draught animals—horses were both noble and useful. A noble and useful animal symbolised a noble and useful profession. It is not surprising that the threatened disappearance of the horse elicited responses of first denial, then anger and fear in a profession that lagged behind medicine in terms of prestige and influence.³⁹ The latter was making enormous strides forward as doctors grew in social status and professional authority. As the sound of horses grew ever fainter in towns and cities, the veterinary profession’s future role in society looked increasingly unclear.

Against this background of professional insecurity, Maria Dickin’s attitude in setting up her free clinics added insult to injury. Between the wars, the profession did not regard dogs as their primary patient group—indeed individual veterinary surgeons restricting themselves to pet animals were mostly seen as ‘below the salt’—but Dickin’s assault on veterinary professional territory came at a sensitive time.⁴⁰ Her motivation to help animals may not have been driven by the over-sentimentality and anthropomorphism that was imputed by critics, including veterinary surgeons, to satirize her and other women who worked for animal welfare. A significant proportion of the work of animal welfare societies in the 1920s and 1930s was euthanasia of healthy stray animals or those belonging to

³⁶Newspaper cutting from *The Times* with note attached written by Trevor Spencer dated 25 November 1931, RCVS/PDSA papers.

³⁷PDSA Archive/Elaine Pendlebury.

³⁸See Gardiner, ‘Small Animal Practice in British Veterinary Medicine’, ch. 2.

³⁹The personal scrapbooks of C. W. Elam, a teacher at Liverpool University, show his involvement in the

‘Back to the Horse’ campaigns of the 1930s. The argument was that horses would soon re-gain the role of local transportation within towns and cities as motor transport proved impractical. Liverpool University Special Collections and Archives (LUSCA), P.8622/9.

⁴⁰Anon., ‘The clinician is important’, *Veterinary Journal*, 1947, 103, 155.

owners who could no longer afford to feed them. So-called 'destruction clinics' were a common occurrence.⁴¹

In her insistence that animal treatment did not require a veterinary qualification, Dickin was, in one sense, *de-anthropomorphising* animals. There were not close similarities with human beings and they did not need highly trained doctors because their needs were more basic. This not only put animals in their place, it did the same to veterinary surgeons, by suggesting that automatic comparisons with the aims and exclusive status of medicine were inappropriate. This assumption concerning the linked status of animals and the profession was picked up and used as part of the propaganda against Dickin's dispensaries, especially by the *Veterinary Journal*, which addressed the issue in editorials, such as this one from 1932:

The public should know that at the present time there are certain dispensaries whose ruling body is obviously of the opinion that the dumb animal does not require as much consideration in the matter of skilled treatment as man. One would expect that a Society whose aim is essentially that of relieving suffering in animals would provide the best skilled treatment possible, and not offer 'quack' treatment for the thousands of pounds it collects from the animal lovers of Great Britain.

Thousands of dogs are destroyed each year by this Society on the advice of its attendants. There are times when a veterinary surgeon of long practical experience cannot decide whether a suffering animal is beyond the sphere of treatment, but these unqualified attendants have the courage to sit in judgement whether a suffering animal should be put in the lethal chamber or not.⁴²

The profession was saying that veterinary medicine should be seen on a par with human medicine in its orientation to patients and in their necessary protection from the 'quacks'. However, it was the PDSA that was providing the facilities that most closely resembled hospitals. The vulnerability of the veterinary profession, the difficulty it had in speaking with one voice (it effectively existed as a loose association of small business owners), and the public's demonstrably favourable response toward an organisation which appeared to be doing good and necessary work, meant that a full frontal attack on Dickin carried significant risks. Veterinary leaders began to recognise that another battleground had to be found.

A Call to Action

On 25 February 1932, the *Veterinary Record's* editorial leader was titled 'A Call to Action'. The piece outlined the outcome of discussions between the RSPCA and the NVMA that had taken place under the auspices of The University of London Animal Welfare Society. The president of the NVMA had given an address on 'The Problem of the Poor Animal Owner'.⁴³ What emerged from the meeting was a working relationship between the

⁴¹For an example, see 'Plight of pets in coalfields. City van of help for Wigan. Queuing up with dumb pals', *Manchester Evening Chronicle*, 9 January 1929, RCVS/PDSA papers. The article makes reference to the large numbers of animals destroyed in the northern coalfields.

⁴²A Veterinary Surgeon, 'Animal charities: a word of advice to dog lovers', *Veterinary Journal*, 1932, 88, 489–92.

⁴³Anon., 'A call to action', *Veterinary Record*, 1933, 8, 151–2; Anon., 'The problem of the poor animal owner. NVMA president at Camden Town meeting.

NVMA and the RSPCA that became known as 'the joint scheme' or 'the joint agreement'. The aim was to halt further expansion of the PDSA and had been summed up in a letter written by the President of the London Animal Welfare Society to members the previous year. The letter made reference to Dickin's difficult temperament and suggested: '[I]f she will not adopt a more reasonable attitude, the efforts of Animal-lovers ought to be directed towards the destruction of her Organisation and its replacement by another, in imitation of it, but run on lines from which personal pique has been eliminated as a guiding principle'.⁴⁴

The essence of the joint scheme was a network of 'centralised' facilities in large towns and cities, in the manner of the larger hospitals of the PDSA, and a 'decentralised' system operating in less populous areas whereby animals of the poor would be treated by private veterinary surgeons for reduced fees. The scheme had some administrative and practical problems. There was going to be variation between local RSPCA branches issues over scope of treatment, and potential problems if some veterinary surgeons in a locality participated and others did not. The scheme would not have the unified and organised approach possible at the centrally administered PDSA. Nevertheless, the joint scheme was seen as an important step. Significantly, it placed the RSPCA and the veterinary profession in a closer relationship with regard to *treatment*, even if the two organisations were at times competing as to which had most authority to speak on general animal welfare.⁴⁵

The joint scheme also went some way to tackling the issue of 'hospital' facilities and the impression this generated in the minds of the animal-owning public. The PDSA had created clinical environments that were visible and obvious places of animal treatment. The centralised scheme with the RSPCA would do likewise. However, it was also recognised within the profession that private practitioners would have to do more if they wanted to compete effectively for small animals. The idea of clinics and hospitals for animals, and what they should look like, began to receive more attention.

The Christmas 1933 edition of the *Veterinary Record* editorialised at length on the facilities required for small animal work, even suggesting that providing 'imposing' surroundings was a moral issue for the profession.⁴⁶ Despite the impression given in the editorial, however, 'kitchen table' small animal surgery was alive and well in the 1930s, even if it was supposed to be deprecated by the progressive practitioner.⁴⁷ What was changing was a growing awareness that small animals (dogs principally) could support a clinic dedicated to their own needs on a scale much larger than had previously been envisioned.

From the veterinary point of view, the 1930s saw a clear move away from attempts at invoking a deficient law (the ineffective Veterinary Surgeons Act of 1881, which did not secure a professional monopoly on animal treatment) to constructing a strong moral

Success of the joint scheme', *Veterinary Record*, 1933, 8, 149–51.

⁴⁴The letter was quoted in Dickin's pamphlet, *The PDSA, the RCVS and the RSPCA. To the Supporters of the PDSA* (London: PDSA, 1931).

⁴⁵This was a recurring theme in relations between the profession and the RSPCA. For example, see Anon. (editorial), 'RSPCA versus veterinary inspectors', *Veterinary Journal*, 1928, 84, 58.

⁴⁶Anon., 'Small-animal surgery and surgeries', *Veterinary Record*, 1933, 51, 1387.

⁴⁷In the practice at which Alf Wight (James Herriot) worked in Thirsk, North Yorkshire, in the 1930s and 1940s, small animals were seen 'in the back kitchen' at the end of the day once the veterinary surgeon returned from his farm rounds (J. Wight, interview, Thirsk, 25 May 2006). Similar accounts of more domestic arrangements occur from much later periods, for example the 1960s (C. Breckenridge, interview, Thurso, 25 October 2012).

argument against unqualified practice. Using the Veterinary Surgeons Act against the PDSA always risked creating the impression that the vets were acting out of self-interest, even if, within the profession, it was widely believed that many people attending PDSA clinics could afford to pay for treatment. Reports of middle or upper class companion animals attending clinics accompanied by domestic staff, and being observed taken away in chauffeur-driven vehicles, circulated within the profession. Others reportedly paid obviously poor-looking people, 'who are often half-witted, deaf, or stammer to a painful extent', to attend the clinic on their behalf. Writing on the problems of such charity abusers, who became known as 'conductors', R. Isherwood, the veterinary surgeon in charge of a clinic attached to the University of Liverpool, noted that they could be unmasked by their lack of essential knowledge about the patient or by their failure to answer correctly when tested with a map of the local poor area served by the clinic.⁴⁸ It is likely that some animals of a better class were sent to the large charity hospitals not just because the owner was intent on saving money, but because it was judged that a higher quality of animal treatment or more humane consideration were on offer there, and this as a result of the greater awareness that the PDSA had generated in the creation of recognisable places of compassionate animal treatment.

However, publically branding even some PDSA clients as charity abusers was potentially damaging given the scale of animal welfare issues revealed by the PDSA and its very effective practical actions to address them. The new approach, as indicated in editorials like that of December 1933, was to encourage veterinary surgeons to 'up their game' in small animal work. One way was to improve their clinical furniture. Additionally, and more importantly, a very clear case had to be made that veterinary supervision of the treatment of small animals was in *the animals'* best interests. Thus the animals entered the argument in a way they had not done before as the emphasis changed from legality to morality.

In 1934, the number of free treatments administered annually at the PDSA was in excess of one million. Dickin had founded a 'Busy Bees' club, which soon saw tens of thousands of children (50,000 by 1941) the length and breadth of the country learning how to look after their dogs, cats and rabbits better—whilst also being hard at work raising funds for the ever-expanding network of dispensaries. In 1935, an animal cemetery was opened at the Ilford Sanatorium; there were 71 dispensaries, now backed by five regional hospitals, and 11 touring motor-caravan dispensaries. International work continued with further facilities in Egypt, Greece, South Africa, Syria, the Dutch East Indies and Palestine. The organisation was widely recognised for doing valuable work.⁴⁹

A significant event in the fight back by the veterinary profession was the re-opening of the RSPCA's Liverpool Animal Clinic, in April 1935. This followed an extensive rebuild and was attended by public and veterinary dignitaries. Frederick Hobday, in his capacity as Principal and Dean of the RVC, and knighted for services to veterinary medicine, gave the opening speech. His words emphasised the moral frame in which unqualified treatment was now being cast: 'We assert emphatically that the animal of a poor man when ill has just as much moral right to proper diagnosis and treatment of its ailment as the animal of the rich; and to have it experimented upon (for that is what it amounts to) by any Tom, Dick

⁴⁸R. Isherwood, 'Free clinics for animals', *Veterinary Journal*, 1938, 94, 229–33.

⁴⁹Dickin, *The Cry of the Animal*; PDSA Archive/Elaine Pendlebury, personal communication.

or Harry, even if he has previously been a groom or kennel man, is wrong, and should be stopped by the laws of the land'.⁵⁰

The NVMA stepped up its programme of press releases attacking animal clinics in general and PDSA dispensaries in particular. Items were placed in national newspapers under headings such as 'Poor People's Sick Animals: Protest Against Unqualified Treatment'. At an extraordinary general meeting of the Central Division of the NVMA held at the RVC in Camden in January 1936, the committee approved a resolution to be used as the basis of further advertisements in national newspapers. Humane sentiment was aroused by the notions of equality of care for the vulnerable and vague hints of anti-vivisectionist sympathy by suggesting that unqualified practitioners were 'experimenting'.⁵¹

Care was usually taken not to attack the PDSA by name; the organisation, affectionately known to many as the Poor Doggers Salvation Army, was too large and well-known for that.⁵² Instead, criticism was directed at unqualified practitioners in general by encouraging animal owners to ask whether or not the person attending to their animal was an MRCVS. By 1937, there was growing confidence that progress in the propaganda war surrounding poor animals was being made. The profession's position was also being bolstered by initial enquiries made in connection with the Loveday Committee, which had been set up by the government in October 1936 to review veterinary education and practice. Change was in the air.

Rapprochement⁵³

The PDSA was Maria Dickin's organisation. She had created the charity's unique ethos and its very favourable public image. Eschewing the policing and prosecuting approach of the RSPCA, the PDSA worked non-judgementally in the poorest areas and provided free treatment for those who appeared to need it. Instead of an assumption that animals required protection from their ignorant or wilfully cruel owners, neglect and suffering were framed primarily in the context of social disadvantage. Dickin had also set the tone for the charity's difficult relations with the veterinary profession, mainly through her uncompromising stance on employing unqualified staff and training them internally.

By the late 1930s, the PDSA was a large and an increasingly complex institution. It managed very substantial bequests, trust deeds and charitable income. The annual spend on animal treatment in 1937 was £76,504 15s 5d.⁵⁴ Dickin, approaching seventy and still the figurehead, began to take less direct involvement in day-to-day operations. A Council of Management was established and the General Secretary, Mr E. Bridges Webb, was given full executive powers.

⁵⁰Anon., 'An RSPCA Liverpool animals clinic', *Veterinary Journal*, 1935, 91, 187.

⁵¹Anon., 'Poor people's sick animals: protest against unqualified treatment', *Veterinary Record*, 1936, 16, 108.

⁵²When the President of the RCVS did attack the PDSA in 1937, at the RCVS annual dinner, his speech was featured in the press. Dickin later sued for slander and won, and John Willet was forced to print an apology in *The Times*. 'Scandal of animal clinics. Need for registration', *The Times*, 10 April 1937, issue 47655, p. 9,

col. B; 'King's bench division. Animal clinics: slander settled. People's Dispensary for Sick Animals of the Poor and others v. Willet', *The Times*, 22 July 1937, issue 47743, p. 4, col. B.

⁵³This word was widely used in connection with the negotiations taking place around this time. See Anon., 'The rapprochement between the profession and The People's Dispensary for Sick Animals', *Veterinary Journal*, 1939, 95, 128–9.

⁵⁴PDSA Archive/Elaine Pendlebury.

The government-appointed Loveday Committee was due to report in 1938. This committee had been making wide-ranging investigations into British veterinary education and the future role and purpose of the profession. A review of the Veterinary Surgeons Act was considered to be an inevitable recommendation. A key part of that would undoubtedly be to establish professional closure: animal treatment would become 'disciplined' and unqualified practice banned. Such a move would have very serious implications for the PDSA. It was not, however, a straightforward thing. If unqualified treatment was stopped overnight, the veterinary profession would be unable to staff the PDSA's many clinics—there were not the numbers of veterinary surgeons for one thing.⁵⁵ Additionally, no one could be compelled to work there and many would not wish to. It was therefore not a simple matter of replacing every PDSA technical officer with an MRCVS, at least not in the short term.

It was in the context of these anticipated changes that Bridges Webb made informal contact with the President of the RCVS, G. H. Livesey.⁵⁶ He did so initially through an intermediary with whom he was acquainted, the influential veterinarian and professional leader Sir Frederick Hobday.⁵⁷ Neither Dickin nor the PDSA Council of Management knew of this approach and the initial letters between Bridges Webb and Livesey are all marked 'strictly personal'. In an untitled typescript, seemingly part of an account of how the negotiations proceeded, Bridges Webb set out his reasons for making the approach to the RCVS:

Year after year when new Presidents were elected to the College [RCVS] I have considered whether we could make any approach, but I have found always a reason why it could not be done. Some Presidents showed very definite prejudice, thereby giving me the impression that they would be unwilling to listen to my suggestions on behalf of the PDSA with complete impartiality. Other Presidents were tied by association with other charitable organisations. It was not until Mr Livesey was appointed and I heard of his character through mutual friends, that I felt I could take a 'chance'.⁵⁸

Bridges Webb and Livesey soon established congenial relations and the former appeared sympathetic to many of the profession's concerns. From an early stage, Bridges Webb proved himself willing to act where necessary. For example, he offered to change the title of staff working in the PDSA's clinics to emphasise the distinction between unqualified practitioners and members of the RCVS.⁵⁹

In September 1938, Livesey felt confident enough to approach the RCVS Council to recommend that formal negotiations be started with the PDSA in order to find a way for the two bodies to cooperate with each other in the future.⁶⁰ A subcommittee of the Registration Committee was formed to discuss the issue of relations with the PDSA. On 25 October,

⁵⁵Anon., 'The serious shortage of qualified assistants', *Veterinary Journal*, 1939, XCV, 129–30.

⁵⁶This is the same Livesey who was quoted at the start of this paper. It seems Livesey's attitude towards the charity had softened considerably in eleven years.

⁵⁷Hobday was an equine surgeon and also a notable small animal practitioner. His *Surgical Diseases of the Dog* was first published in 1900 and remained in print until after the Second World War. The book was modelled on medical texts and emphasised surgical practice and adaptation of techniques from human

medicine. The words 'and Cat' were later added to the title. Hobday, F. *Surgical Diseases of the Dog* (London: Baillière, Tindall & Cox, 1900).

⁵⁸Untitled Bridges Webb typescript, 1939, p. 2. PDSA Archive.

⁵⁹E. Bridges Webb to F. Bullock, 22 July 1938, and F. Bullock to G. H. Livesey, 28 July 1938, RCVS/PDSA papers.

⁶⁰G. H. Livesey to members of RCVS Council, 23 September 1938, RCVS/PDSA papers.

the subcommittee unanimously agreed to work formally with Bridges Webb. A proposal was developed whereby all members of the RCVS practising within the vicinity of a PDSA dispensary would be invited to undertake work for the PDSA. None would be 'embarrassed' if they refused. Animals and their owners would be sent to the veterinary surgeon's practice when the PDSA technical officer recognised that the individual case fell into certain still-to-be agreed categories. The receiving veterinary surgeon would be paid a fee. Where there were full-time hospitals, the PDSA would employ a veterinary surgeon of their own, who would be placed in charge.⁶¹

In drafting these proposals, the RCVS took a very pragmatic view of its strict byelaws on 'quack covering'—the involvement of an MRCVS in a case already being treated by an unqualified person. This potential stumbling block was removed and it was decided that no change in the RCVS byelaws would be needed: the RCVS would interpret them in the spirit of the new cooperation being envisaged.

Bridges Webb successfully persuaded Maria Dickin of the need to cooperate with the RCVS, and once the PDSA Council of Management became involved, there is no evidence of significant on-going objections arising from within the charity.⁶² The most likely explanation for the volte-face on the part of Dickin was that she was persuaded by Bridges Webb and her Council that change was inevitable, that it would soon be legally imposed, and that the best chance for the charity was to work with a sympathetic President of the RCVS. The report formalising the arrangements to work with the RCVS was approved on 24 November 1938 at a meeting chaired by Dickin herself.⁶³

The first that rank and file veterinary surgeons heard of the PDSA negotiations was when all those on the RCVS Register received a lengthy letter from the President, dated 6 March 1939. In outlining proposals for cooperation, Livesey noted that the PDSA now had more than one hundred dispensaries, hospitals and caravans operating in Britain, that it worked in eight foreign countries, and that it attracted great public sympathy and was supported by many eminent people. Livesey presented the proposals as they had been agreed by the RCVS Subcommittee and the PDSA Council of Management. The central point was that veterinary surgeons receiving cases from PDSA technical officers would not be considered to be in breach of RCVS by-laws on 'quack covering'.

Alongside the letter to members, the RCVS immediately issued a press release, which gained national newspaper coverage. The release said that the scheme would benefit poor owners and their animals throughout the country. It also stated that the arrangement in no way affected the policy or administration of the PDSA.⁶⁴

Letting the Cat out of the Bag

The profession's regulatory body (RCVS) and the membership association (NVMA) were not always in agreement. A frequent bone of contention was the strict regulations imposed on

⁶¹F. Bullock to E. Bridges Webb, 23 November 1938, RCVS/PDSA papers.

⁶²In his letter to members commending cooperation with the PDSA, Livesey referred to the 'many difficulties [Bridges Webb had] to surmount... not least among them being the consent and goodwill of Mrs Dickin'. 'The Livesey letter', Item 7, PDSA Archive.

⁶³Letter from Bullock to Bridges Webb dated 23 November, 1938. RCVS Knowledge, RCVS/PDSA papers, folder 'Discussions between RCVS and PDSA 1938'.

⁶⁴Text of press release describing PDSA scheme, RCVS/PDSA papers; Anon., 'Wider veterinary services', *The Times*, 9 March 1939, issue 48249, page 19, col. D.

advertising by the RCVS.⁶⁵ The NVMA had long felt that this placed the profession at a disadvantage, especially when compared to the very effective use of publicity made by the PDSA. In making its own announcements to the press in connection with the new PDSA scheme, the RCVS had pointedly by-passed the 'National'.⁶⁶

The NVMA's initial response, expressed in *Veterinary Record* editorials of 11 and 18 March, was to criticise the timing of the press release and to sympathise with the surprise of its members on receiving such a letter from the RCVS. However, the overall idea of cooperation with what it now described as 'this important animal welfare society' was met with conditional approval. In the words of one correspondent, the main feature of the NVMA's first response in its own journal was a 'non-committal expression of philosophical doubt. Presumably they had let the cat out of the bag, and were waiting to see which way it jumped ...'.⁶⁷

The direction of the 'jump' soon became clear as the RCVS was savaged in the *Record's* correspondence pages. One correspondent considered that 'the PDSA, having arranged to cut the practitioner's throat, is blandly asking him to lend a scalpel for the purpose.' There were calls for resignations from RCVS office holders.⁶⁸ T. A. R. Chipperfield, Honorary Secretary of The Society of Veterinary Practitioners, demanded that members be informed of the exact sequence of events that led to the agreement and urged 'utmost frankness ... never before in its history has the veterinary profession been so interested in its destiny'.⁶⁹

Meanwhile, it was reported in *The Times* that Bridges Webb had journeyed to Paris to visit the Duke of Windsor, a PDSA supporter. The Duke was informed of the 'recent arrangement between the RCVS and the Society for giving a more widespread service for the sick animals of the poor'. This further press coverage was cited in the *Record* and reinforced the notion of a *fait accompli* engineered by the RCVS. Within veterinary circles, in the language of threat that was everywhere in 1939, it led to predictable accusations of 'appeasement'.⁷⁰

The case for the RCVS/PDSA alliance was helped when two highly respected teachers from the RVC wrote long, supportive letters to the *Veterinary Record*. J. G. Wright, known affectionately in the profession as 'John George', had legendary clinical and teaching abilities, and J. McCunn, a colleague of Wright's, wrote in the same issue. Although McCunn had suffered at the hands of the PDSA whilst in practice, he claimed to have come to realise that the Society was inspired by the best of motives. He wrote: 'The British public has a kind heart and the ordinary man will, and justly so, look with favour upon any person or body whose actions are actuated by the spirit of kindness and charity. ... I have always hoped

⁶⁵These restrictions covered everything from how veterinary surgeons should refer to themselves to the size of notice they could affix to their buildings. Press adverts and other notices were banned.

⁶⁶In fact, the NVMA had been aware that talks were going on, but they were not party to the decision to go public on the final scheme. See Anon., 'The National Veterinary Medical Association and The People's Dispensary for Sick Animals of the Poor', *Veterinary Record*, 1939, 51, 482–3; F. Bullock to/from H. Steele-Bodger, 17/18 April 1939, RCVS/PDSA papers.

⁶⁷P. Crosfield, 'Co-operation with The People's Dispensary for Sick Animals', *Veterinary Record*, 1939, 51, 406.

⁶⁸S. F. J. Hodgman, 'Co-operation with The People's Dispensary for Sick Animals', *Veterinary Record*, 1939, 51, 433–4.

⁶⁹T. A. R. Chipperfield, 'Co-operation with The People's Dispensary for Sick Animals', *Veterinary Record*, 1939, 51, 404–5.

⁷⁰*The Times*, 24 March 1939, issue 48262, 13, col. G.

that the day would come when this great society would recognise the value of qualified service. ... I presume that those whom the scheme most closely affects, namely, the animals of the poor, would if it were within their power, vote for collaboration'.⁷¹

The two letters drew a satirical reply from K. G. Morgan, an ex-student of both Wright and McCunn:

[S]ome of us youngsters said, as soon as we read the President's letter, 'John George will not stand for this'. Then *mirabile dictu*, our anti-quack, our professional paragon, is found to be singing in chorus with the others. I would like to point out to Professor McCunn that the 'dear little doggy' stuff is quite a futile line to take with our profession. Some of us, thank goodness, have a real job of work to do. He mentions little doggies and pussies having a vote in the matter. Believe me, if this were the case, the cats would be too occupied in passing anti-castration laws to worry about the PDSA.⁷²

McCunn replied that Morgan, 'during his post-graduate adolescence, has developed a "He-man" complex' because of a suggestion that small animal practice was somehow not a worthy occupation for the professional man. It was an interesting point that would also feature in the post-war years—that the specialty was effete and trivial—and represents how patient species was 'gendered' within the veterinary profession.⁷³

RCVS Secretary and Registrar, Fred Bullock, who had been closely involved in the discussions with Bridges Webb, watched the bickering with mounting frustration. The correspondence in the *Veterinary Record* was in danger of damaging the RCVS's good relations with the PDSA. The profession's other, but less frequently read periodical, the *Veterinary Journal*, had now taken a much warmer line toward the PDSA, abandoning previous criticism in the light of the RCVS proposals.⁷⁴

Bullock received supportive as well as critical letters from practitioners. To one he replied: 'The profession as a whole should be more careful before it cries out so loudly against the quackery of the PDSA.'⁷⁵ He was aware that some veterinary surgeons employed unqualified staff to make their on-call working lives more bearable, and that certain of the activities of even quite prominent members of the RCVS were considered 'quackery' by their peers.

As war brewed and then finally broke out, professional hostilities were superseded by national ones and the PDSA debate was put on hold. However, a very important shift in attitude had occurred. Further developments would now have to wait until 1945, when fresh negotiations would resume in the very different world that emerged. That period would see another animal, the humble cow, walk into the argument as the future role and purpose of

⁷¹J. McCunn, 'Co-operation with The People's Dispensary for Sick Animals', *Veterinary Record*, 1939, 51, 403.

⁷²K. G. Morgan, 'Co-operation with The People's Dispensary for Sick Animals', *Veterinary Record*, 1939, 51, 437.

⁷³J. McCunn, 'Co-operation with The People's Dispensary for Sick Animals', *Veterinary Record*, 1939, 51, 572. The holder of the first chair in a specifically small animal subject in a British veterinary school, Chris

Gaskell, noted that in veterinary circles in the 1970s male vets with interests in feline medicine could be thought of as 'wearing suede shoes', a euphemism for homosexuality (Chris Gaskell, interview, Liverpool University, December 2006).

⁷⁴Anon., 'The rapprochement between the profession and The People's Dispensary for Sick Animals', *Veterinary Journal*, 1939, 95, 128–9.

⁷⁵F. Bullock to W. H. Chase, 11 April 1939, RCVS/PDSA papers.

the profession would once again be debated. Dogs, cows, politics, education and professional identity would feature in an on-going debate that would continue to shape the British veterinary profession and the new Veterinary Surgeons Act it so badly wanted.⁷⁶

Conclusion

In this paper I have argued that in order to understand the most significant change that took place within the British veterinary profession in the twentieth century, close analysis must begin in the interwar period. This revises the accepted narrative, which says that the turn to companion animal veterinary medicine arose out of socioeconomic changes taking place from the 1950s.

Historical evidence demonstrates that the shift towards the small animal began earlier. It started in the 1920s and 1930s and is seen in the veterinary profession's response to the network of clinics established by the People's Dispensary for Sick Animals of the Poor, an organisation that operated beyond veterinary jurisdiction and indeed actively challenged this in almost every way. My argument is that the profession's attitude toward the small animal patient and to the kind of medicine practised was materially shaped by these clinics. The veterinary profession watched and learned that dogs and later cats could be legitimate patients, that their treatment could command professional and social respect, and that small animals afforded opportunities that the livestock economy would never match in terms of development and use of the diagnostic and clinical sciences. This prepared the way for the foundation of the British Small Animal Veterinary Association (BSAVA) in 1957.

The history passed through two distinct phases in the interwar period. Initial attempts to solve the problem of the poor animal through legal means—the workings of the 1881 Veterinary Surgeons Act—were abandoned quite quickly. The profession found it difficult to make a convincing case against the PDSA and its pioneering clinics for small animals. One reason was because of problems surrounding the legal definition of veterinary surgery. Equally important, however, was the fact that veterinarians had not imagined such a system of medicine until it had taken substantial hold within British society, and that happened out with the profession itself. The scale of the Dispensary's operation, its mode of working and its overwhelmingly favourable public reception wrong-footed the veterinary profession, while it was still trying to come to terms with the disappearance of the horse. The veterinary profession as a whole was reluctant to embrace an animal that to the majority suggested 'pandering' and effeminacy, ideas that were said to hark back to the sentimental excesses of the Victorian period.

By refocusing the debate on moral grounds, which took place from the early 1930s, the profession was beginning tacitly to acknowledge the value of the dog, both as a companion species deserving of expert (that is, qualified) care, and also as a species which could potentially serve as a focus for a new branch of veterinary medicine, one that was modelled on the scientific and sentimental aims of human medicine. This was the key development that, in the post-war years, would allow the discipline to develop into a kind of 'human medicine for animals'. The dog would prove to be a very responsive recipient of medical advances,

⁷⁶See Gardiner, 'Legitimate grievances? Post-war reports and new legislation' in 'Small animal practice in British veterinary medicine', ch. 6.

some of which had been developed by this species fulfilling another role in medicine, that of the model human.⁷⁷

The role of Maria Dickin and the PDSA has been marginalised within the history of British veterinary medicine. This interesting phase of the development of British practice has been subject to internal, progressivist treatment, which privileges the role of the veterinary profession and categorises unqualified practice as a scourge that was (eventually) stamped out. The PDSA itself is now fully integrated into British veterinary medicine and as successful as ever, with an annual charitable income in 2011 topping £85 million. The charity no longer has the words 'of the Poor' in its name, but provides free treatment to animal owners receiving means-tested state benefits. One could say that the PDSA has shown a classic move from periphery to centre, but an equally valid interpretation based on this paper is that the centre (organised veterinary medicine) shifted out to meet the periphery.

The women of practical animal welfare, dangerous or not, of whom Maria Dickin was one, mostly worked in the middle decades of the twentieth century and were mostly middle-class and middle aged. They exemplify an approach to animal welfare which placed the suffering animal at the centre of a system of hands-on care and which, in this case, validated the small companion animal as a veterinary patient.⁷⁸ Middle-class approval for the treatment of working-class pet animals opened up a field of practice that would later grow exponentially as a highly successful branch of private medicine—the birth of the small animal clinic.

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⁷⁷Gardiner, 'The Canine History of Diabetes Mellitus'; Thomas Schlich, *Surgery, Science and Industry: a Revolution in Fracture Care 1950s–1990s* (London: Palgrave Macmillan, 2002).

⁷⁸Other examples of British women establishing practical animal welfare societies that, like the PDSA, are still operating as highly successful national and

international organisations today are Kate Hosali (Society for the Protection of Animals in North Africa [SPAN], 1923), Dorothy Brooke (The Brooke Hospital for Animals, 1934), Eleanor Close (The Greek Animal Welfare Fund, 1954), Elizabeth Svendsen (The Donkey Sanctuary, 1973).